



Application for License as a Hearing Aid Specialist Division of Health Licensing

(In accordance with §40-25-10, of the South Carolina Code of Laws, 1976, as amended, and Regulation 61-3, licensees and prospective licensees must file an application under oath in order to become eligible for licensure to fit and sell hearing aids, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.)

Please complete all applicable items (print legibly in ink or type) and mail to: **SCDHEC
Division of Health Licensing
2600 Bull Street
Columbia, SC 29201**

1. Reason for application:

- a. ☐ Initial Hearing Aid Specialist License. **(Complete Lines 1 - 3, 5 - 9, and 11 - 13.)**
- b. ☐ Renewal of Hearing Aid Specialist License. **(Complete Lines 1 - 2 and 4 - 13.)**

2. Name: _____
First Middle Initial Last

3. Date of birth: _____

4. Current South Carolina Hearing Aid Specialist license number: _____

5. **Primary Business Location** (address which will be listed on your license):

a. Name of Business: _____

b. _____
Street City State Zip

c. _____
(Area Code & Telephone Number)

d. _____
(Days and Hours of Operation)

e. _____
Mailing Address (if different from 5.b. above)

6. **Secondary (satellite) Location(s):**

Please complete the following information for each additional location at which you choose to be licensed, (if additional space is needed, attach a separate sheet of paper):

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

7. Have you ever been convicted of any criminal offense other than a minor traffic violation? ☐ Yes ☐ No If yes, list date of conviction, type of offense and name and location of court. _____

8. Have you ever held a hearing aid specialist/dealer license, apprentice license or temporary permit in another state?
☐ Yes ☐ No If yes, list the state(s) and expiration date(s): _____

Was this license ever suspended or revoked? ☐ Yes ☐ No If yes, attach a separate statement providing details, dates and places.

9. List the name of the principal manufacturer for which you are a dealer:

Other manufacturers utilized:

10. Enclose proof of attendance of continuing education. Only courses that have been approved by the Department may be submitted per §40-25-50 (D) of the S.C. Code of Laws. (This eight-hour requirement begins the second full licensing year.)

Name of Course	Dates Attended	No. Credit Hrs

11. Attach a copy of the actual documentation of current calibration (within the past 12 months) for each audiometer in use.

12. Enclose \$50.00 check or money order payable to DHEC for the license fee.

13. **Verification:** State of: _____ County of: _____

I, _____ do hereby swear or affirm, depose and say that I have read the foregoing application and know the contents thereof, and that the statements made therein are true and correct to the best of my knowledge and belief.

Signature

Subscribed and sworn to before me this _____ day of _____, _____
(Month) (Year)

_____ My commission expires: _____

Notary Public

Instructions for Completing DHEC Form 0221
Application for License as a Hearing Aid Specialist
Division of Health Licensing

PURPOSE: In accordance with §40-25-10, of the South Carolina Code of Laws, 1976, as amended, and Regulation 61-3, licensees and prospective licensees must file an application under oath in order to become eligible for licensure to fit and sell hearing aids, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.

INSTRUCTIONS:

- Line 1.a. If this is your first time applying for a license, check this block and complete lines 1 through 3, lines 5 through 9, and 11 through 13.
- Line 1.b. If you are renewing your license, check this block and complete lines 1 through 2 and lines 4 through 13.
- Line 2. Enter the name of the individual applying for the license.
- Line 3. Enter the date of birth of the individual applying for the temporary permit.
- Line 4. If you are renewing your license, enter your current license number.
- Line 5.a. Enter the name of the primary business where you will be working.
- Line 5.b. Enter the location address of the business. Must be the same as the address that will be listed on your license.
- Line 5.c. Enter the area code and telephone number of the business.
- Line 5.d. Enter the days and hours of operation of the business.
- Line 5.e. Enter the mailing address if it is different from the location address of the business.
- Line 6 - 13. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.

OFFICE MECHANICS AND FILING: The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention scheduled assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-F&S-17, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.